



**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO 875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
 APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	2		2			
TOTAL DEP.	42		42			
TOTAL CLAIMS	44		44			

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				